

Editorials

There's a Long, Long Trail A-winding . . .

WOMEN HAVE BROUGHT special skills, outlooks, and, yes, intuition to the medical profession and have enriched it. We have been sought out by many patients, welcomed by others, and at least tolerated by the remainder. We have been graced by mentors and colleagues who live by fairness and honor talent where they find it.

The first woman physician trained in the United States, Elizabeth Blackwell, was admitted to Geneva Medical College in 1847, despite opposition from the faculty, who delegated the decision to her rowdy prospective classmates. The class voted unanimously in her favor after the one "nay" voter was beaten into submission. Her attendance at classes brought order to chaos despite the tumultuous admissions process. "The sudden transformation of this class from a band of lawless desperadoes to gentlemen, by the mere presence of a lady, proved to be permanent in its effect."¹ (pp65-66) It seemed a promising beginning, but the path ahead was to be marked by controversy, restrictions, and unpleasant incidents. Indeed, Elizabeth Blackwell's own sister was denied admission to Geneva despite Elizabeth's fine record because the faculty did not wish to set a precedent. In 1850, the Harvard Medical School admitted a woman student, along with three African Americans, but all were forced to withdraw after student riots; women were not admitted to Harvard again until 1945. In 1919, when the distinguished occupational medicine specialist, Alice Hamilton, became the first woman physician faculty member at the Harvard Medical School, conditions were attached that seem almost unbelievable. This woman, adjudged to be sufficiently outstanding to be given a faculty appointment, could not join in academic processions; could not be a member of the faculty club; could not exercise the faculty option for season football tickets!

It has not been an easy road. Women physicians have endured comments, jokes, prods, and worse. Some have been passed over, ignored, dismissed. My internship in the 1960s was marred when I was slapped in the face by a professor because I could not answer his question. I did not report the incident. It didn't occur to me to do so. Even today, as women contend with covert or overt discrimination, most do not or cannot speak out.

Data continue to confirm women's slower promotion in academic faculty ranks compared to men.² Although women physicians work 8% fewer hours per week than men, women earn about 40% less than men.³ Leaders inside and outside medical schools have been slow or unwilling to set standards to make sexist barbs and practices wholly unacceptable. Professional organizations seem to have an overweening pride about the rather few women who belong and the very few who lead.

How have women physicians weathered tough times and unfairness? We have had support from family, friends, faculty, and colleagues. We haven't complained much. Complaining wouldn't be seemly; it would also be a career-limiting activity. We have worked extraordinarily hard, have deliberately chosen specialty roads less travelled or more predictable in order to avoid competition or haphazard schedules. We have tempered professional ambitions and personal

hopes in order to meet expectations of others. We have learned to be highly organized coordinators and jugglers, even jesters. A sense of humor can wear thin, however.

All physicians need to press on with resolve. We should attend to language, to words. Thoughtless words can degrade. Instead, words should encourage and show respect. But good words are only a start. We also must act. Action should promote progress. Doors must be opened and runways cleared. Women physicians have come far—and have a long way to go. The way can be smoothed by men and women with spirit, with the will to move ahead.

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REFERENCES

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Physicians and the Human Immunodeficiency Virus

THE MAGNIFYING GLASS of the acquired immunodeficiency syndrome (AIDS) epidemic has increasingly become a looking glass as well, reflecting physicians' attitudes and behaviors and society's reaction to them. The image we see, particularly regarding those physicians who are infected with the human immunodeficiency virus (HIV), is neither clear nor necessarily encouraging. Yet some clarity is urgently needed—some physicians *are* HIV infected, others will become infected, and as they become aware of their infection, it seems unfair not to provide some clear standards of behavior if they wish to continue and are otherwise capable of continuing to practice their profession. The unacceptable alternative is to let the appropriateness of each infected physician's response be judged by the public through the news media as the disease progresses to the point where confidentiality is no longer possible. It is hoped that a better understanding of the individual components of this social equation might enable the medical profession to instead play an active and leading role in proposing solutions that are fair to affected physicians and reassuring to patients.

Many physicians see themselves as selfless and devoted through their profession to the care of others. Limitations to this self-view became obvious, however, as soon as the infectious nature of AIDS was clear. Each of us feared for our safety, and some physicians—overtly in some cases, covertly in others—found ways to avoid caring for AIDS patients, even if the resulting quality of delivered medical care suffered. To justify these ignoble actions, some physicians have publicly exaggerated the risks posed by caring for HIV-infected patients. Some of the embellishment has been due to fear, some due to homophobia. There has also been the implication that physicians (usually internists) who do not join in these claims are unsympathetic to their surgical colleagues. Worse is the implication that physicians caring for HIV-infected patients are under the influence of the gay community. The argument goes that the gay community is more concerned about receiving confidential medical care than it is about the risk its members might pose to physicians. These